

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/511513** FILING DATE **14 OCT 2004**  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			/						51						
2			/						52						
3			/						53						
4			/						54						
5			/						55						
6			/						56						
7			/						57						
8			/						58						
9			/						59						
10									60						
11									61						
12									62						
13									63						
14									64						
15									65						
16									66						
17									67						
18									68						
19									69						
20									70						
21									71						
22									72						
23									73						
24									74						
25									75						
26									76						
27									77						
28									78						
29									79						
30									80						
31									81						
32									82						
33									83						
34									84						
35									85						
36									86						
37									87						
38									88						
39									89						
40									90						
41									91						
42									92						
43									93						
44									94						
45									95						
46									96						
47									97						
48									98						
49									99						
50									100						
TOTAL IND.		↓	8	↓		↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	4	←		←			TOTAL DEP.		←		←		←
TOTAL CLAIMS			9						TOTAL CLAIMS						